COUNCIL ON SEX OFFENDER TREATMENT

COUNCIL MEMBERS

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Kristy M. Carr
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David Swinson, Jr.

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Sexual Assault Prevention & Crisis Services

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Texas Juvenile Probation Commission

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Texas Council of Community MH/MR Centers

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Office of the Governor

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Pardons and Parole Division

Estella Guillen
Texas Department of Criminal Justice
Community Justice Assistance Division

Judy Johnson, LPC, LMFT
Institutional Division
Texas Department of Criminal Justice

Paul Jordan
Department of Public Safety

Glen A. Kercher, Ph.D.
Sam Houston State University

Michael D. Maples, MA
Texas Dept. of MH/MR

Judy Popejoy
Texas Department of Protective and Regulatory Services

Linda Reyes, Ph.D.
Texas Youth Commission

Agency Mission and Philosophy

To Enhance Public Safety By Developing Policy and Recommendations for Effective Interventions and Management of Sex Offenders

Philosophy

The Council on Sex Offender Treatment (CSOT) believes the public good is served by insuring that sex offenders receive assessment and are assigned to treatment designed to reduce their individual risk of offending.

Because sex offenses result in significant physical and emotional distress to victims, and because sex offenders' behavior is extremely resistant to change, sanctions to both punish and control sex offenders are needed to protect the public. Incarceration offers time-limited protection, and most offenders will eventually be released from custody, thus placing the public at risk once again. Many sex offenders are not incarcerated but placed under community supervision, and a few voluntarily enter treatment. Offenders must receive specialized treatment to affect their sex offending behavior. The benefits and limitation of sex offender treatment must be reviewed to allow informed decision making.

Csot History

The Council on Sex Offender Treatment (CSOT) was originally created in 1983 under the name of the Interagency Council on Sex Offender Treatment (ICSOT) by the acts of the 68th Legislature. As the Council evolved, and attempted to respond to the treatment community, it became clear that the Council's enabling statue didn't provide authority to establish specific criteria for the provision of sex offender treatment. As a result, in 1993, the 73rd Legislature amended the enabling statute to provide the CSOT with increased rule making authority to better regulate sex offender treatment. The Legislature reorganized the Interagency component of the Council under the entity of the Interagency Advisory Committee. The CSOT was authorized to develop rules for the certification of Sex Offender Treatment Providers.

The current purpose and responsibilities of the CSOT have not changed greatly from that of the original ICSOT. The single most important distinction between the existing statute and the original is that the current CSOT is now authorized to establish standards for treatment and the use of the "Sex Offender Treatment Provider" title is protected. While not a practice act, the current statute creating the CSOT provided a title protection act.

While the composition of the Interagency Council on Sex Offender Treatment was not changed when it was amended in 1993, the structure and identification were changed to reflect the authority and responsibilities of a rule-making body. When the CSOT was first established in 1983, it was composed of eleven agency representatives and three clinical experts from the public appointed by the Governor. Now the same agency representatives make up the Interagency Advisory Committee (IAC) and the six Governor Appointees make up the Council.

Responsibilities Of The CSOT As Authorized By Law

Develop treatment strategies for sex offenders by evaluating in-state and out-of-state programs, set standards for treatment, and recommend methods of improving programs to meet Council standards;

Collect and disseminate information to judicial officers, probation officers, probation or parole workers, appropriate state and municipal agencies, and the general public about available sex offender treatment programs;

Distribute money appropriated to the Council by the Legislature for that purpose to political subdivisions, private organizations, or other persons to be used for the development, operation, or evaluation of sex offender treatment programs;

Advise and assist agencies in coordinating procedures to provide treatment services that may include community-based programs;

Establish and maintain a *REGISTRY* of sex offender treatment providers;

Design and conduct continuing education programs for sex offender treatment providers; and,

Develop and implement by rule registration requirements and procedures for treatment providers.

Performance Benchmarks

The Interagency Council on Sex Offender Treatment was created in 1983.

In 1989, the agency received its first appropriation of $64,900.

In July 1990, the Council hired staff.

In April 1991, published and distributed the first edition of the "Sex Offender Treatment Provider *REGISTRY*."

In October 1992, the Council established, with Sam Houston State University, the Annual Conference on the Treatment and Supervision of Adult Sex Offenders.

In October 1992, the CSOT began publishing the TEXAS RESOURCE, a newsletter on sex offender treatment issues, with a current circulation of 2,000.

In July 1993, the Council established the Annual Conference on the Treatment and Supervision of Juvenile Sex Offenders co-sponsored by the Texas Juvenile Probation Commission and the Texas Youth Commission.

Over the past five years, more than 500 persons in mental health, management, and supervision fields have been trained on issues related to the supervision and treatment of juvenile sex offenders.

In September 1993, the agency received increased authority via the passage of a title act protecting the use of the "Sex Offender Treatment Provider" title.

In November 1994, the CSOT was selected to present the Texas Model on the Supervision and Treatment of Sex Offenders, at the internationally acclaimed conference of the Association of the Treatment of Sexual Abusers in San Francisco.

Performance Benchmarks

In March 1995, the Standards of Practice for the Treatment of Sex Offenders were adopted in rule.

In April 1995, the Council in cooperation with the Texas Polygraph Examiners Board adopted and disseminated "Recommended Guidelines for Clinical Polygraph Examination of Sex Offenders".

In 1996, the Council developed a webpage that has received over 10,000 hits.

In 1997 the Council, in co-sponsorship with the Office of the Attorney General, presented "Sexual Assault: Issues and Answers" in 13 Texas cities to over 500 people.

In September of 1997, the Council's duties were transferred to the Texas Department of Health's Professional Licensing and Certification Division.

In February of 1998, the Council presented at the Texas Association against Sexual Assault Conference in Laredo and invited to present to the Senate Interim Committee on Sex Offenders.

In July of 1998, the Council in co-sponsorship with the Office of the Attorney General and the Probation Training Academy at Sam Houston State University hosted the 6th Annual Juvenile Sex Offender Conference.

In August of 1998, adopted new rules and regulations relating to the Council on Sex Offender Treatment.

In August of 1998, the Council presented testimony to the Criminal Jurisprudence Subcommittee on Civil Commitment of Sexually Violent Offenders.

In October of 1998, the Council in co-sponsorship with the Office of the Attorney General and the Probation Academy at Sam Houston State University hosted the 7th Annual Adult Sex Offender Conference.

Policy Making Structure

The Legislature first created an agency specifically to address sex offender treatment issues in 1983 with the establishment of the Interagency Council on Sex Offender Treatment. While the agency's early role was primarily to determine the need for a state-administered program for treating sex offenders, its mission has expanded over the years. Today, the Council on Sex Offender Treatment (Council), which succeeded the Interagency Council in 1993, is largely responsible for determining who may provide treatment to sex offenders and serving as a clearinghouse for information about treatment strategies. The Council is essentially a regulatory agency responsible for registering providers of sex offender treatment and providing training on the treatment and supervision of sex offenders. The Council does not actually provide treatment for sex offenders.

The Council is composed of six part-time members, including two members who are representatives of the general public and four members each of whom meets the Council's requirements for registration as a sex offender treatment provider. These Council members are appointed by the Governor, and serve six-year staggered terms.

Within the Council is the Interagency Advisory Committee (IAC). The IAC is established to advise the Council on administering its duties. The Interagency Advisory Committee is composed of 11 members (one member from each division listed in the next column) and includes the Executive Directors or designees from the state's criminal justice and health and human services agencies.

Interagency Advisory Committee to the Council on Sex Offender Treatment

- Texas Department of Criminal Justice
    - Pardons and Parole Division
    - Institutional Division
    - Community Justice Assistance Division
- Texas Juvenile Probation Commission
- Texas Department of Mental Health and Mental Retardation
- Texas Youth Commission
- Sam Houston State University
- Department of Protective and Regulatory Services
- Texas Council of Community Mental Health and Mental Retardation
- Office of the Attorney General - Sexual Assault Prevention and Crisis Service Division
- Criminal Justice Division of the Governor's Office
- Department of Public Safety

Background on Council Authority

During the past two decades the state of Texas has recognized the increased public awareness and concern with the chronic prevalence of sexual aggression and sexual victimization within the state's population. This recognition prompted a response from the State Legislature resulting in the creation of the Council on Sex Offender Treatment (1983). State lawmakers entrusted the CSOT with the responsibility to formulate policies related to decreasing sex offenses in society. The need for such a Council was identified because of the rising rate of sexual crimes and the extremely high recidivism rate for untreated sex offenders. Thus, the CSOT was designed to coordinate effective treatment strategies to reduce recidivism and increase public safety.

Sex offenders cannot be "cured". However, with specialized treatment and community supervision, many sex offenders can manage their behavior. But due to the danger that sex offenders pose, ongoing assessment and

evaluation of their progress in treatment are essential for them to retain the privilege of being in the community. Intensive coordination between community supervision, assessment and treatment providers is imperative to maintain community safety.

The Council on Sex Offender Treatment began addressing its Sunset Review requirements in late 1995. Through evaluation of accomplishments and needs, the Council has faced the concerns of many small agencies within a large state government. The CSOT was originally placed under the TDC. During the reorganization of the state's criminal justice agencies in 1991, the CSOT was placed under a new state initiative (Department of Justice Planning and Assistance); however, the enabling legislation was not passed. Thus the CSOT received an independent appropriation and was left in a quasi-agency status during the 1992-1993 Biennium. In 1993, the 73rd Legislature corrected this quasi-agency status by reorganizing the Council and granting it more staturorial authority. During the 75th Legislature, effective September 1, 1997, the Council was transferred to the Texas Department of Health.

Strategic Planning

The Council has identified seven goals in its strategic plan. These are:

- Develop treatment strategies for sex offenders by evaluating in-state and out-of-state programs, set standards for treatment, and recommend methods of improving programs to meet Council standards;
- Collect and disseminate information to judicial officers, community supervision or parole workers, appropriate state and municipal agencies, and the general public about available sex offender treatment programs;
- Distribute money appropriated to the Council by the Legislature for that purpose to political subdivisions, private organizations, or other persons to be used for the development, operation, or evaluation of sex offender treatment programs;
- Advise and assist agencies in coordinating procedures to provide treatment services that may include community-based programs;
- Establish and maintain a ***REGISTRY*** of sex offender treatment providers;
- Design and conduct continuing education programs for sex offender treatment providers; and,
- Develop and implement by rule registration requirements and procedures for treatment providers in the ***REGISTRY***.

While the CSOT has identified seven goals in its strategic plan, the Legislative Budget Board (LBB) has condensed these goals into one primary measure: "Provide Sex Offenders Access to Treatment to Reduce Assaultive Behavior". The performance target objective is identified as "Increase 100% by 1995 the Quality/Availability of Service." That goal was met. While the strategy identified is to "Establish a Resource Center for the Rehabilitation of Sex Offenders," the Resource Center does not provide direct assistance for sex offenders. Rather, it offers technical assistance and information to the legal an supervision communities.

The CSOT's output measures reported to the LBB consist of the measurement of the number of contracts/referrals to the Resource Center, the number of training opportunities established, and the number of providers registered. The efficiency measures are identified as the average cost per client served and the cost of ***REGISTRY*** publication.

Background on Registry, Interventions, and Management Strategies

Society does not condone sexually aggressive behavior. The very thought triggers anger in most

people. Sexual offending behavior is a multi-dimensional problem which does not have a simple solution. Treatment of sex offenders is a primary way to prevent and reduce such abuse. In an analysis of 12 recent studies of sex offender treatment, Hall (1995) found that treated sex offenders were significantly less likely to reoffend than sex offenders who did not receive treatment. These studies contained a total of over 1,300 sex offenders. The Council on Sex Offender Treatment is uniquely situated to recommend policy initiatives and encourage cost effective treatment and supervision guidelines to authorities involved in the oversight and control of these offenders because of its coordinating role among multiple agencies.

When the Council on Sex Offender Treatment was first established, little guidance was available to judges, prosecutors, defense attorneys, community supervision personnel, prison and parole authorities, and child protective service workers about sex offender treatment or its benefits and limitations. Consequently, treatment resources were not identified or used, and often, referrals were made to mental health providers who were not qualified by training or experience to work with such offenders. Information about what was effective with this population was not widely known, or made available to persons making decisions about sex offenders. As a result, offenders were sometimes not getting the treatment they needed, or were being "treated" with methods of questionable effectiveness. Once an offender completed whatever treatment was provided, the courts or supervising agencies might have assumed that the "problem" was fixed, sometimes at great risk to the public.

Through its two annual conferences, newsletters, and other training avenues, the CSOT has educated professionals who work with sex offenders on the supervision and treatment methods consider most effective. A broad range of professionals have come to rely on the work and expertise of the CSOT, as reflected in annual orders for the ***REGISTRY***. A sampling of order forms demonstrates that judges, prosecutors, attorneys, and probation and parole officers are among those that refer to the ***REGISTRY*** when determining conditions of probation or parole for sex offenders.

The treatment of sex offenders has been shown to reduce recidivism and protects citizens from being victimized by these offenders. Sex offender treatment is different from more traditional forms of therapy in that such treatment is usually mandated instead of voluntary, as many offenders are not highly motivated to change their behavior. Consequently, therapy must often be confrontive in order to overcome the offender's denial, rationalizations, justifications, and deviant arousal patterns which maintain the offending behavior. Sex offender treatment is intensive and, unlike traditional psychotherapy, it requires close coordination between providers, the courts, and supervising personnel to safeguard the public.

While it is true that not every offender will benefit from treatment, the research literature is replete with findings indicating that the probability of reoffending can be reduced for many sex offenders if they are treated in specialized treatment programs. The question is not "Does treatment work?" Rather, the question should be "What treatment works for what kind of offender, in what type of setting, and with what definition of success?" Preliminary research has shown that hormonal interventions, such as the use of Depo-Provera, and cognitive-behavioral methods of treatment, including the development of a relapse prevention plan and development of victim empathy, are effective methods of treatment for this population. It is recognized that for maximum effectiveness, treatment must be accompanied by a continuum of care which addresses the offenders behavior early in the process of corrections.

Few university-based training programs in the country specifically train mental health providers in the treatment of sex offenders. Most licensed or certified mental health providers only become qualified to treat this special population through specialized training, workshops, and experience acquired following graduate education.

The Council has developed criteria for inclusion in the ***REGISTRY*** which builds on the

foundation of mental health practice requirements. In addition, the Council's criteria requires specific knowledge and experience with sex offenders, treatment practices and methods.

The criteria adopted by the Council provides for a criminal background check on applicants conducted by the Department of Public Safety. Providers with a sexual offense on their records are disqualified from the ***REGISTRY***. Most licensing boards only screen for felony convictions.

Background on Adjunct Groups Working with Sex Offenders

There are three groups that work regularly with sex offenders other than treatment providers. These groups are supervision officers (adult and juvenile probation/parole), polygraph examiners, and self-help groups.

Supervision Officers

Sex offenders who are supervised in the community are often ordered into treatment. Supervision officers and treatment providers play integral roles in helping to ensure that the offender is successful at managing his/her behavior. Both individuals are able to place conditions on the offender. In situations where a poor working relationship exits between the therapist and the supervision officer, the offender may be able to manipulate the system and avoid compliance with prescribed conditions of probation/parole. In this situation, the offender may complete his/her sentence without actually benefiting from the treatment or the supervision. In cases where a solid relationship exists, the supervision officer and therapist are able to share valuable information and act as a team, which creates a more consistent approach in each case. Currently, standard and specific guidelines have not been established for specialized sex offender supervision officers. Supervisory officers have shared their interest in such guidelines.

Polygraph Examiners

Increasingly, the clinical polygraph is used to assist in monitoring sex offenders and supervision compliance. This valuable tool also helps to document progress in treatment. Until recently, no clear guidelines were available to ensure that polygraph services were valid for the specialized needs of sex offender treatment. In response to a request from the Texas Board of Polygraph Examiners, the CSOT collaborated to develop a set of guidelines for the use of polygraph examinations on sex offenders. Compliance with these guidelines is voluntary.

Self-Help Groups

Limited resources, combined with the growing threat that sex offenders represent to Texas communities, have led lawmakers and criminal justice authorities to look for low cost approaches in working with the sex offender. Over the last several years, self-help groups for sex offenders conducted by volunteers using a 12-step philosophy have risen. The CSOT has endorsed the use of such programs in the aftercare component of treatment planning. Currently, the role of these groups has not been clearly defined and standard guidelines do not exist for these volunteer groups.

Funding and Organization

The CSOT received a $70,000 state appropriation and appropriated receipts in the amount of $36,803.51 for fiscal year Spetember 1, 1997 through August 31, 1998. Appropriated receipts include fees collected from the application and renewal of the "Sex Offender Treatment Provider" registration. Other receipts collected for cost recovery for publications and training provided.

The Council employs an Executive Director and an administrative assistant. During the past four years, the demand for information on sex offender issues continues to grow. There are currently 325 registrants.

Interest Groups and the Council

Victim-serving nonprofit organizations are supportive of public safety initiatives that focus on awareness and public education affecting victims of sexual assault. These groups include the Texas Association Against Sexual Assault (TAASA), the Texas Association for Sex Offender Treatment (TASOT), The Texas Council on Family Violence (TCFV), the National Coalition Against Domestic Violence (NCADV), the National Coalition Against Sexual Assault (NCASA), and the Texas Polygraph Examiners Board (TPEB).

Professional associations with a vested interest in public safety include the Texas Corrections Association, the American Probation and Parole Association, and the Association for the Treatment of Sexual Abusers. The state's mental health professionals and their respective associations also share an interest. These mental health professionals include Physicians, Psychiatrists, Psychologists, Psychological Associates, Licensed Professional Counselors, Licensed Marriage and Family Therapists, Licensed Master Social Worker-Advanced Clinical Practitioners, and Advanced Nurse Practitioners recognized as Psychiatric Clinical Nurse Specialists or Psychiatric Mental Health Nurse Practitioners.

Government Agencies, Professional Groups, and the Council

Many governmental agencies and various offices in the criminal justice system rely on the ***REGISTRY***. These include judges, prosecutors, defense attorneys, all three of the divisions within the Texas Department of Criminal Justice, the Texas Department of Protective and Regulatory Services, Texas Juvenile Probation Commission, and the Texas Youth Commission.

State licensure and certification boards license professionals for the delivery of traditional psychosocial therapy. Prior to the establishment of the Council, a state or local professional group did not exist to promulgate specific standards for sex offender treatment or qualifications for providers. No other group in the state has either the expertise, resources, or interest that currently exists within the Council.

Special interest groups of providers such as the Texas Association for Sex Offender Treatment (TASOT) and the international Association for the Treatment of Sexual Abuses (ATSA) are also interested in the criteria for the ***REGISTRY***.

Other states have begun efforts similar to the CSOT's ***REGISTRY***. Washington State has a program that allows for the licensing of sex offender treatment providers. In addition, Colorado, Louisiana, Georgia, North Carolina, Nevada, and New York have contacted the CSOT to inquire about the Texas model in the treatment of sex offenders.

During the 74th Legislative session, Senator Florence Shapiro passed S.B. 111 which provides that district judges order sex offenders to attend psychological counseling sessions specifically for sex offenders. The Board of Pardons and Parole is mandated to set conditions for parole and mandatory supervision, which must include counseling.

In the Council's enabling statue (S.B. 1130 by Zaffirini, 73rd Legislative Session) requires that the Council develop treatment strategies for sex offenders and set standards for treatment that must be met by sex offender providers to be eligible for inclusion in the Council's ***REGISTRY***.

Background on Awareness And Education of Sex Offenders

There are many myths surrounding sexual assault, the commission of the crime, and the offender. Through legislation and programming, the State has continued to redefine its response to sexual violence, which spans from sexual harassment to sexual assault and murder. The Council on Sex Offender Treatment has identified a lack of public education and understanding regarding sex offenses and the precipitating factors leading to an offender's violent actions.

Traditionally, sexual assault education has been provided by advocates of sexual assault, rape crisis programs and victim groups. Appropriately, the education has been focused on the survivor's perspective. In Texas, as well as across the nation, this education has neglected an understanding of the motivation and dynamics of the offense or the offender. Over the past decade, a clearer understanding of the offense cycle and varied motivations of offenders have began to emerge. Simultaneously, a criminal justice perspective on sexual assault has increasingly incorporated a mental health component. These understandings have become prominent in the supervision and rehabilitation methods of convicted adult and adjudicated juvenile sex offenders. The Council and the Interagency Advisory Committee have enhance professional knowledge by sponsoring the only two statewide annual conference on sex offenders.

To develop effective policy addressing the public's concern over paroled and probated sex offenders, policymakers must first understand the offender and the offense. This understanding will provide policymakers, criminal justice professionals, advocates, and the general public improved means of control over offenders. Further, such education and understanding can lead to comprehensive legislation serving survivors and informing local communities of the risks associated with untreated sex offenders who live in the community.

Public policy regarding the treatment, supervision, and management of sex offenders must be driven by research and practical responses to a pervasive crime. Sexual violence is the fastest growing crime in the nation. Sexual violence affects not only victims, but also the community in which they live. The financial implications to local units of government and to the public, i.e., the taxpayers, are enormous. Communities are overburdened with court costs, supervision, institutionalization, and the effects of trauma reflected in numerous social ills. The crime's impact on the psychological development of survivors is immense and long lasting. Sexual abuse contributes to the breakdown of the family, and for victims, it contributes to increased levels of teenage pregnancy. The number of single parent households increases due to offenders' leaving families when their crimes are disclosed.

As communities are educated, citizens benefit from a better understanding of the sexual assault cycle and its complexity. Institutional responses from the legal and therapeutic communities become more effective. Individuals may make more informed choices on family issues such as child care or mate selection.

COUNCIL'S REVIEW OF SB 29 - CIVIL COMMITMENT

Senate Bill 29 was introduced by Senator Florence Shapiro on November 9, 1998, and relates to the civil commitment of sexually violent predators. To review SB29 and other current legislative information, refer to: **www.capitol.state.tx.us** on the Internet.

The Council reviewed SB29 and concluded the following:

The Problem Defined

Some convicted sexual offenders can and should be more accurately described as sexual predators. As defined by most existing statutes a sexual predator is an offender who suffers from a personality disorder or other mental abnormality that renders that offender likely to engage in acts of sexual violence.

Some of these offenders complete their term of incarceration. Upon their release they represent a significant threat to others because of their likelihood to engage in acts of sexual violence.

What can be done to safeguard our communities against the threat posed by a known

sexual predator?

The Proposed Solution

The Texas Legislature is currently considering civil commitment for sex offenders more specifically identified as sexual predators, who represent a clear and present danger to others because of their likelihood to engage in future acts of sexual violence.

Civil Commitment Pros and Cons

As the CSOT has discussed the concept of civil commitment of sexual predators strong arguments both for and against such legislation have surfaced.

Pros

1. Civil commitment implies a humane philosophy that rehabilitation of even the most heinous offenders is possible and that efforts should be made to effect this goal.

2. The Senate Interim Committee recommends the development and implementation of a civil commitment law.

3. Twelve states currently have such laws and they have been useful in securing some individuals assessed as highly dangerous that otherwise would have been released into the community.

4. Civil commitment laws have withstood constitutional challenge before the U.S. Supreme Court in regard to due process, double jeopardy, and ex post facto lawmaking.

5. Civil commitment emphasizes the need for continued intensive treatment of the mentally disturbed/abnormal offender.

Cons

1. If the objective of civil commitment is to enhance community safety by confining and treating dangerous sexual predators, that goal can be achieved through the proper construction and implementation of criminal law.

2. Some mental health organizations (American Psychiatric Association) have opposed the idea of civil commitment because they have perceived it as a misuse of psychiatry/psychology.

3. Civil commitment has been opposed by some mental health organizations (National Association of State Mental Health Program Directors) because of concern that services to others who are mentally ill could be compromised.

4. Implementation of a civil commitment law will be very expensive. The Senate Interim Committee on Sex Offenders has estimated that it will cost an $81,000 per individual per year for housing and treatment. An estimate of $80,000 per individual has been given for the legal costs involved in having an individual committed. An estimate of $6.2 million has been given for the development of a special commitment center. According to the survey done by the Washington State Institute for Public Policy, costs in other states that have civil commitment programs range from $70,000 to $110,000 per individual per year for housing and treatment.

5. Decisions regarding who to admit into and who to release from a civil commitment program would be heavily reliant upon the ability to accurately predict who is dangerous and therefore, likely to reoffend. There is no body of research that supports the idea that behavioral scientists can predict with reasonable accuracy who are the most dangerous individuals.

6. Civil commitment requires a tremendous investment of money, staff, facilities, etc. in treating individuals who are the least likely to respond favorably to treatment.

7. Hesitancy to release an individual who has been civilly committed will result in an ever increasing burden on the state and the program itself. According to the Washington State Institute on Public Policy there have been 520 individuals civilly committed in the United States since 1990. Their current report dated September 1998 identified only twelve individuals as having been released or transitioned into less restrictive alternative housing. Washington state has the oldest program at 8 years. To date only two individuals have been released to less restrictive environments. In California there have been 143 individuals civilly committed since the implementation of their program in 1996. Nobody has been successfully discharged.

8. The impact/liability when a civilly committed individual is released and reoffends could exacerbate public perception that treatment of sex offenders does not work, thus calling into question the efficacy of the treatment profession. Ultimately this could result in opposition to community based sex offender treatment programs that are effective. These community based programs currently play a vital role in the supervision and relapse prevention of sexual offenders.

If the state of Texas does decide to move ahead with the development and implementation of a civil commitment program, the following issues need to be considered.

Who should be the administrative agency overseeing the program?

MHMR as the administrative agency

Pros

1. MHMR as the administrative agency would be consistent with the model of each of the twelve states that currently have constitutionally approved civil commitment programs.

2. A medical/pharmacological approach could be implemented with MHMR as the administrative agency.

Cons

1. MHMR is currently understaffed and has budgetary concerns. The Senate Interim Committee on Sex Offenders has stated that they are, "opposed to the diversion of money or facilities from MHMR [or] anything that would jeopardize the safety of any patients of MHMR or their staff."

2. MHMR does not have a sufficient number of RSOTP's currently on staff to provide the necessary services to the sexual predator.

3. MHMR projects the need for extensive renovations to existing facilities if those facilities are to be used to house and treat civilly committed sexual offenders.

4. Integrating individuals identified as sexual predators with a general population of the mentally ill may create a risk situation that is unacceptable.

TDCJ as the administrative agency

Pros

1. TDCJ has secure facilities and there would be no need to integrate sexual predators with a general population of mentally ill patients.

2. TDCJ has some history of and experience in providing treatment to sexual offenders.

Cons

1. Of the twelve states that currently have a civil commitment law, no programs are administered by the department of corrections. All are the responsibility of a mental health or social services agency.

2. Administration by TDCJ could compromise the constitutionality of a civil commitment law that ostensibly has treatment rather than punishment as its focus.

3. Currently the TDC sex offender treatment program does not use pharmaceutical therapy.

Before the implementation of a civil commitment program, a standard set of release criteria consisting largely of objective measures should be developed.

Pros

1. Establishing release criteria would provide direction for the treatment providers as well as the committed individual at the outset of his commitment.

2. Establishing release criteria with an emphasis on objective measures seems to offer the clearest way of avoiding the development of a program that never releases anyone.

Cons

1. Valid and reliable measures of dangerousness, degree of rehabilitation, etc., do not currently exist.

2. The assessment tools currently being used with sexual offenders such as the plethysmograph, polygraph, Abel Assessment, etc., may not be familiar to treatment personnel in our state agencies.

Identification of an individual as a sexual predator and therefore a candidate for civil

commitment should take place at or around sentencing rather than at or around release from incarceration.

Pros

1. Identifying an offender at the time of sentencing as a predator would be conducive to long term planning and perhaps earlier therapeutic intervention while incarcerated.

2. An identi-fication at the time of sentencing that deter-mines whether or not an offender should be classified as a predator does not preclude a reassessment at or around the date of scheduled release.

3. An initial assessment at the time of sentencing could be used as a basis for evaluating what, if any, changes an offender has undergone during the term of his confinement when a reassessment is done.

Cons

1. If an assessment is done at the time of sentencing it may occur 20 years before the individual is scheduled for discharge. There may be a number of changes that an individual would undergo during the period of time he is incarcerated that would raise concerns regarding the current value of the assessment.

Discussion and efforts at this time should be directed solely at the issue of civil commitment of adults.

Pros

1. Confining discussion of civil commitment to adults only provides at least some initial limitation/focus to the scope of who might be eligible for civil commitment.

2. If a program focusing on adults proves to be effective, inclusion of juveniles can always be considered at a future time.

3. Focusing on adults only is consistent with the intent of the legislation to address, "a small but extremely dangerous group of sexually violent predators."

4. Input from those who specialize in the treatment of juvenile sexual offenders suggests that we are more likely to be successful in our treatment of young offenders thus making civil commitment unnecessary for that population.

5. Including juveniles in a civil commitment program could necessitate the development of two commitment facilities which raises further questions regarding costs and staffing.

6. The implementation of determinate sentencing enables us to transition dangerous juvenile offenders into the adult system where they could be subject to civil commitment once they are adults.

Cons

1. There are bound to be some individuals who pose a significant threat to community safety who meet the criteria for civil commitment except for age. If we do not include juveniles in a civil commitment program such individuals could be released into the community.

Civilly committed sexual predators should be housed and treated in a unit designed exclusively for that purpose.

Pros

1. This would allow for the development of a customized secure treatment facility with the needs involved with housing sexually violent predators in mind.

2. The development of a commitment facility would eliminate the concern expressed by some mental health agencies and potential public outcry about housing sexually violent predators with a general population of mentally ill patients.

3. Such a designated commitment center theoretically combines the treatment resources of MHMR, including medical and pharmacological interventions with the security and supervisory resources of TDCJ.

4. A specialized housing unit for civilly committed offenders could perhaps be developed in such a way that it would not be perceived as a prison.

Cons

1. The construction and maintenance of a special commitment center for sexually violent predators will be very expensive.

Conclusion

The CSOT is not making a recommendation for or against civil commitment at this time. We are endorsing the careful consideration of the costs and benefits of such a program. We desire a safer Texas. We will continue to work toward identifying the most effective ways to protect our communities from sexual violence.

Licensing Requirements for Registered or Affiliate Sex Offender Treatment Provider

Can be one of the following:

- **Physician**
- **Psychiatrist**
- **Psychologist**
- **Psychological associate**
- **Licensed professional counselor**
- **Licensed marriage and family therapist**
- **Licensed master social worker**
- **Licensed master social worker - advanced clinical practitioner**
- **Advanced nurse practitioner recognized as a psychiatric clinical nurse specialist or psychiatric mental health nurse practitioner**
- **Licensed marriage and family therapist associate**
- **Licensed professional counselor intern**
- **Provisionally licensed psychologist**
- **Recognized as a psychiatric clinical nurse specialist or psychiatric mental health nurse practitioner who provides mental health or medical services for the rehabilitation of sex offenders**

Plus

- **Possess a minimum of 40 hours of documented continuing education training. Of the 40 hours training required, 30 hours or 75% must be in sex offender rehabilitation training, ten hours or 25% must be in sexual assault issues and/or sexual assault victim related training; and**
- **An Affiliate Sex Offender Treatment Provider is required to be under the supervision of a Registered Sex Offender Treatment Provider. Supervision documentation is required to be submitted annually.**

INTERAGENCY ADVISORY COMMITTEE

AGENCY SUMMARIES

Office of the Governor

The Governor's Criminal Justice Division (CJD) provides state and federal funds for non-profit organizations, cities, counties, and state agencies. These projects focus on the apprehension and prosecution of offenders and treatment and direct services for adult and child victims of sexual assault crimes and domestic abuse.

The Criminal Justice Division (CJD) provided $17,788,264 through the Victims of Crime Act (VOCA) in fiscal year 1998. State and federal programs provide grants for the victim assistance projects throughout the state of Texas. These projects provide services through the criminal justice system that include counseling, shelter, and advocacy for victims of domestic violence and sexual assault. Additionally, victims receive assistance completing "Victim Impact Statements", filing for crime victim's compensation, and filing protective orders.

CJD provided $8,004,403 in funding through the Violence Against Women Act (VAWA) in fiscal year 1998. Projects that receive these funds focus on apprehension and prosecution of the offender and training for service providers. These service providers include prosecutors, law enforcement officers, and judges. Other projects provide direct services for women who are victims of violent crimes, domestic violence, and sexual assault.

CJD provided $1,182,810 in funding through the State Criminal Justice Planning Fund (Fund 421) in fiscal year 1998. These projects furnished counseling assistance through the criminal justice system. Fund 421 grants also provide funding for advocacy for victims of domestic violence and sexual assault, sexual assault nurse examiner training, apprehension of offenders, training information, and networking services.

CJD awarded $80,000, in 1998, to the Houston Area Women's Center for its African-American and Hispanic Project. This project targets disabled, African-American and Hispanic victims of sexual violence in Houston, Texas. The project provides racially sensitive, culturally responsive and language appropriate crisis intervention services to victims of sexual violence. The project also provides counseling, education and outreach to community support systems. One focus of this outreach is to train rape crisis volunteers about the special counseling needs of the minority community. They also provide crisis intervention, counseling, advocacy training, and support for mentally and physically disabled victims and survivors. Additionally, they provide training and special engagements in the disabled community to promote public awareness and education.

CJD also awarded $106,937, in 1998, to the Office of the Attorney General for its SANE-forensic training project. This project targets 125 Sexual Assault Nurse Examiners statewide. The SANE (Sexual Assault Nurse Examiners) project provides adult SANE training and pediatric SANE classes in ten communities. Nurses who complete

the training receive a certificate of completion and continued nurse education credit. This training increases the number of medical personnel executing forensic collection of evidence examinations on adult or pediatric victims of sexual assault. The project also provides technical assistance for 20 communities that work with SANE. The Office of the Attorney General established SANE teams in communities statewide to address requests to improve services for sexual assault survivors. This effort has made a great impact on the communities not only for the survivors, but will help local officials to more effectively prosecute offenders.

Office of the Attorney General

The Office of the Attorney General (OAG) houses the Sexual Assault Prevention and Crisis Services Division. The mission statement of this division is:

"To actively commit to end sexual violence by improving and enhancing the quality of services for victims/survivors and by developing and providing interagency training and promoting multi-disciplinary collaboration. We challenge our communities and the state to join us."

This division impacts direct service delivery to victims/survivors by providing technical assistance to local direct service providers. Over $3,500,000 in grant funds for 58 sexual assault programs, outreach and public education was awarded for FY 98.

92% of the survivors reporting to sexual assault programs in FY 98 were female and 8% were male. The average age of female survivors in Texas is between 18-29 while the average age of males is 0-12. The ethnic breakdown of these survivors is: 60% Caucasian, 24% Hispanic, and 11% African American and 1% Asian and other.

Listed below are a few facts on the sexual assault offender - as reported to local program:

44% of the offenders were related to their victims

42% of the offenders were acquainted with their victims

15% of the survivors were sexually assaulted by more than one offender

19% of the cases involved deadly weapons

Sexual assaults are violent crimes that may have a devastating, long-term effect on the lives and health of survivors. The prevention of sexual assault clinical treatment of perpetrators and a community's response to sexual assault must be recognized as important items on the public agenda.

Texas Juvenile Probation Commission

The Texas Juvenile Probation Commission (TJPC) was created in 1981. The Commission and the 168 county-operated juvenile probation departments have formed a partnership to address the needs of juveniles in the state of Texas. Since 1981, TJPC has sought and provided funding, technical assistance and training to all juvenile probation departments throughout the state. Commitment to the Texas Youth Commission (TYC) was decreased because this cooperative effort allowed for the enhancement of community-based alternatives.

During 1995, 133,866 cases were referred to local juvenile probation departments across Texas. Only 2.36 % of the youths involved were committed to the state's institutional system (TYC) for juvenile offenders. In 1995, 2055 juveniles were referred to local juvenile probation departments for sexual offenses. Of these, only 77 were committed to TYC and 26 were certified as adults. The remaining 1,908 received treatment via resources accessed by the juvenile probation department. Of the 133,866 referrals made to local juvenile probation departments, an estimated 14,496 juveniles were suspected as victims of

sexual abuse.

While receiving treatment services, which are directed not only at the juvenile, but include the juvenile's family and victim, a probation officer supervises the juvenile offender. Many of these sex offenders fall under a specialized caseload category and are supervised by probation officers who have received training related to the supervision of sex offenders. The Council on Sex Offender Treatment, TJPC, and TYC cosponsor an annual juvenile sex offender conference each July in the attempt to address the training needs of those individuals working directly with juvenile sex offenders.

Depending on the area, the financial resources of the family, the financial resources of the department, the qualified practitioners in the area, and the facts involved in the offense, an array of services can be applied to the juvenile sex offender. At the local level, these include outpatient treatment services provided to the juvenile sex offender and his family by a sex offender treatment provider. Intensive supervision probation can be part of this service array. It is also possible that the youth may be placed in a secure, highly structured facility that provides counseling.

A crucial element in treating the sex offender and the family is the continuity of a single therapist working with all significant family members and, if applicable, the victim(s). This enhances the evaluation of the juvenile and family progress in therapy. The therapist and the juvenile probation officer work closely together to achieve a positive outcome for the youth and family.

Additional state and local resources are needed to better serve this growing population. In the past, juvenile probation departments accessed these services through local county funds, TJPC state aid, or TJPC Challenge Grant funds used for multi-problem or multi-agency involved juveniles.

Additional resources now available to juvenile probation departments include the Interagency Texas Children's Mental Health Plans. This group has expanded available local resources and services to sex offenders. The Community Resource Coordination Groups received increased funding to allow more communities to have multi-agency staffing of multi-problem juveniles. TJPC's Community Corrections Funds have been increased to provide additional alternatives to TYC Commitments.

The combined effect of the resources should lead to greater access to effective juvenile sex offender treatment services.

Texas Youth Commission

The Texas Youth Commission (TYC) is the agency responsible statewide for care, custody, control and rehabilitation of youth adjudicated for law violations.

The TYC operates a variety of programs in the community, such as parole, halfway houses and contract care placements.

TYC also operates fourteen secure residential programs where youth are placed for extended periods. Currently, the TYC offers two institutional programs for the treatment of youth committed for a sex offense: one at Giddings and one at Brownwood. The Giddings State Home and School is the maximum security facility designated for violent offenders.

The Sex Offender Treatment Program (SOTP) located at the Giddings State Home and School in Giddings, Texas was opened in October, 1985. Initially, the program served 16 youth; today it serves 64 youth. A second sex offender treatment program began in 1992 at Brownwood State School in Brownwood, Texas, with a 40 bed capacity. Both programs follow similar treatment formats.

Some sex offenders are also severely emotionally disturbed. When the emotional disturbance is primary, these youth are eligible to receive treatment at TYC's specialized treatment programs for the emotionally disturbed located at Corsicana or Crockett State School.

Youth placed in the SOTP are typically adjudicated for sexual assault or aggravated sexual assault. These offenses involve sexual abuse and rape of children and adults. The minimum length of stay for youth in the sex offender program is twelve months. Youth committed for a sex offense must currently serve a minimum of two years in a TYC residential facility and meet specific program performance expectations before they are eligible for release. Consequently, some offenders require more time to complete treatment objectives. The treatment format is cognitive-behavioral which means the focus is on understanding the links between emotions, thoughts and behaviors.

The typical sex offender has chronic low self-esteem and deviant sexual arousal patterns that are linked to sex-offending behavior a distorted belief system. In other words, they use what are called "thinking errors" to justify, excuse and explain away the victimizing behaviors they use to get their needs met.

National research has shown the cognitive-behavioral model to be the most effective in reducing recidivism among sex offenders. The overall goals are to help youth understand how they became sex offenders, how their thinking errors maintain their behavior, and ultimately how to stop offending. Treatment addresses six different dimensions: denial, sexual assault cycle, relapse prevention, behavior and skills training, victimization of self and others and empathy.

Specific treatment goals are individualized but usually involve meeting the following requirements:

To accept full responsibility for their offenses and to understand all facets of their denial.

To understand their own sexually abusive cycles and demonstrate the ability to break their cycles.

To develop an awareness of how their offenses have affected their victims.

To openly discuss their life histories and disclose any other sexually inappropriate behavior.

To participate in family therapy and to ensure that the family is supportive of newly learned behavior.

To develop an awareness of the social implications of sexual assault and participate in skills training to improve the quality of interpersonal relationships.

To learn new doping strategies, such as anger management, to aid in their relapse prevention.

To develop a success plan that identifies specific relapse prevention strategies.

Once youth meet release requirements, they are moved into a community placement where follow-up counseling is provided. For youth returning to their homes, parole requirements include their participation in follow-up sex offender specific therapy. Youth adjudicated for sex offenses must register with local law enforcement once released from a TYC high restriction facility.

As of September 1997, 235 youth completing TYC's SOTP in the previous 5 years had been released to parole or discharged from the agency. None of these youth are rearrested for a violent sex offense within the first year after release and only 3 (2.4%) were rearrested for a violent sex crime within 3 years after release. In addition, no youth was rearrested for any offense within the first year.

Recidivism statistics are often difficult to interpret because they are affected by many variables such as environmental support once the youth returns to the community. However, preliminary results suggest the efficacy of sex offender treatment in lowering the number of victims in comparison to untreated offenders.

Sam Houston State University

A representative from the College of Criminal Justice at Sam Houston State University has been a member of the CSOT since its creation in 1983. The Criminal Justice Center at Sam Houston State University was created by the Texas

Legislature in 1965.

Through its professional programs division, pre-service and in-service training is provided to police, sheriffs, jailers, judges, probation and parole officers, and correctional officers. The professional programs division provides an avenue of communication to the professional criminal justice community about sex offender issues. The twenty-eight faculty in the College of Criminal Justice work closely with local, state, and federal justice agencies in providing training, technical assistance, and research support.

The Criminal Justice Center co-hosts, with the CSOT, the annual Texas Conference on the Treatment and Supervision of Adult and Juvenile Sex Offenders each year.

Faculty in the College of Criminal Justice are continually involved in various research projects related to the officers area of sexual offending. The Council representative, Glen A. Kercher, Ph.D., has published research involving use of the Plethysmograph, prevalence of child sexual abuse, and a book on the supervision and treatment of sex offenders which is addressed to probation and parole officers. The book is also a valuable resource for child protective services workers, district attorneys, and judges, and acquaints them with the nature of sexual offending, effective therapeutic interventions, risk assessment, and community supervision guidelines.

Texas Department of Mental Health and Mental Retardation

The Texas Legislature created the Texas Department of Mental Health and Mental Retardation (TXMHMR) in 1965, to serve as the state authority for public mental health and mental retardation services. The current TXMHMR system consists of nine state hospitals (one of which serves as the system's maximum security hospital), twelve state schools, and one speciality residential program for youth and eight State Operated Community Service Centers. TXMHMR also contracts with thirty-eight community mental health and mental retardation centers.

TXMHMR provides services to approximately 190,000 persons with mental illness and mental retardation annually. Priority population definitions considering severity, diagnosis and level of functioning for adults and children help direct services to those who are most in need.

The Waco Center for Youth provides residential treatment services for children and adolescents under the age of eighteen who have a diagnosis of mental illness but not mental retardation and exhibit severe emotional or social disabilities which are life threatening or require prolonged intervention. This facility accepts referrals from TXMHMR providers, as well as the Texas Department of Protective and Regulatory Services for individuals age thirteen through seventeen who have exhibited sexually inappropriate behavior but have not been adjudicated by a court of law. The average length of treatment is two years or until the individual becomes eighteen.

The Waco Center for youth currently is funded to provide services to eighty-one individuals and operates two units of eleven beds each which provide specialized services to non-adjudicated sex offenders. This program is the only state program available for juveniles who have admitted to a sexual offense, usually against a family member. The Waco Center for Youth receives an average of five formal referrals per month for juvenile sex offender specialized services. Vernon State Hospital has served as TXMHMR's Maximum Security Hospital since April of 1988. Services are provided to over 300 individuals who have been declared by a court of law to be not guilty by reason of insanity or incompetent to stand trail on felony charges. Within this population, as many as sixty to eighty individuals may require specialized treatment related to sex offenses. Following successful treatment at Vernon State Hospital, individuals

may receive additional treatment from other state hospitals within the TXMHMR system.

Texas Department of Criminal Justice

In 1989, the Texas Legislature created the Texas Department of Criminal Justice (TDCJ) by consolidating three law enforcement programs: Community Justice Assistance Division, Institutional Division, and the Parole Division. TDCJ division representatives were named to the CSOT to address sex offender issues for their respective subdivisions. Today, under the TDCJ each of these divisions continue to participate in the work of the CSOT.

Community Justice Assistance Division

Article 42.13 of the Texas Code of Criminal Procedures says the Texas Department of Criminal Justice's Community Justice Assistance Division (TDCJ-CJAD) "Shall require as a condition to payment of state aid . . . that a community justice plan be submitted for the department [serving the jurisdiction]. The community justice council shall submit the plan . . . " The article further authorizes TDCJ-CJAD to disburse state aid to a jurisdiction if that jurisdiction's community supervision and corrections department (CSCD) complies with TDCJ-CJAD standards and if the jurisdiction's community justice plan is acceptable. When local jurisdictions get involved in the community justice planning process, it establishes a consensus building form by which localities can assess, target, plan, implement, and operate community corrections programs.

The rehabilitative programs for sex offenders that TDCJ-CJAD through the community justice plans funds statewide are as diverse as the counties that operate them. The 33 programs listed are only those programs funded through FY97 Diversion Target Programs funding and Community Corrections Program funding.

CSCD use specialized caseloads as a primary tool to manage high risk and special needs offender populations in the community.

Through the intensification of supervision services, a CSCD can broaden its continuum of sanctions, and provide for public safety. Specially trained community supervision officers can formulate supervision strategies that address the risk factors of sex offenders while taking into account their conditions.

Institutional Division Sex Offender Program

Treatment is an integral part of supervision. Offenders may be required to attend therapy for the duration of their supervision period. The treatment required of an offender is modeled after the Institutional Division's Sex Offender Treatment Program (SOTP-ID). This modeling allows for a continuum of services once the offender is released into the community. The parole officer and therapist utilize the team approach in providing treatment and supervision.

Offenders are required to attend and pay for their therapy if it is available in their community and mandated by the BPP. Indigent offenders are financially assisted by the PD through subsidized counseling contracts but may be required to pay a partial fee to the therapist in order to supplement the subsidy. The amount of the partial fee is based on the offenders' ability to pay. During FY 1998, $500,000 was budgeted for PD's subsidy program. PD will pay therapists a maximum of $10.00 per offender per weekly group session and $50.00 per yearly evaluation.

As of August 1998, there were 50 contracts across the state with sex offender treatment providers who conducted weekly group counseling. The contracts require specific treatment components to be addressed including the offense cycle, thinking errors, victim empathy, offender victimization issues, relapse prevention, substance abuse, social skills and aftercare. Contract therapists are required to meet all of the

criteria set by the Council on Sex Offender Treatment. During FY 1998 approximately 2,600 offenders received counseling services paid by the Parole Division.

Mission Statement

To enhance public safety through the provision of effective and efficient sex offender treatment and supervision.

Assumptions

In an effort to expand out mission of providing effective and efficient treatment of sex offenders who enter our program, it is necessary that our conceptual and theoretical assumptions, concerning this population, be clarified. These assumptions are based on current research findings contributing to the body of knowledge concerning the treatment and supervision of male sex offenders. All program components and therapeutic strategies are based on these assumptions. All staff members are aware of these assumptions and have been given a role in the development of this statement. It is imperative that all staff members who work directly with the program participants have a common understanding of these assumptions so that movement across treatment phases and modalities will be continuous and unified. These assumptions are subject to update as research improves our understanding of the treatment and supervision of sex offenders.

1. The sex offender cannot be cured.

2. The sex offender remains vulnerable to his deviant sexual preference indefinitely.

3. In some cases the offender can learn appropriate and necessary skills and tools to control his behavior if he is highly motivated and involved in an intense and specialized treatment program.

4. Without specialized treatment participation during incarceration and follow-up community based programs, the prison experience may only increase the offender's pathology.

5. The development of sexual deviancy is complex and can only be understood within the context of each offender's developmental years. Environmental, socio-cultural, experiential, interpersonal and biological factors all impact the psychosexual development of an individual.

6. The individual circumstance of the sex offender has resulted in the development of a pattern of faulty, deviant and criminal thinking which distorts their perceptions and feelings and has led to their deviant and destructive behavior.

7. The sex offender's level of motivation to change is a key factor in his approach to therapy. In some cases his motivation can increase with the knowledge that he can learn to control his behavior.

8. Effective treatment depends on extensive assessment and knowledge of an individual's criminal history so that treatment strategies can be developed for each offender.

9. Effective treatment also must be sufficient in duration to allow for mastery of appropriate behavioral and cognitive change.

10. To enhance the probability that appropriate changes will continue beyond the incarceration experience, the individual must receive relapse prevention training before he is released from prison.

11. Together with relapse prevention training, the individual must continue in treatment and supervision after his release for an indefinite period of time.

Goals

To reduce the potential for further deviant behavior.

To offer a comprehensive treatment program that addresses motivation, psycho-social education, psychological evaluation, sex offender treatment and relapse prevention training for the population of sex offenders residing in TDCJ.

To provide a highly structured but individually focused treatment plan for each participant in the SOTP at each stage of treatment.

To identify and target for change the cognitive and behavioral patterns which have resulted in sexual offending.

To require each participant to accept

responsibility for all his deviant offenses and demonstrate empathy for all persons who have been hurt by these offenses.

To carefully monitor and record the progress of each individual through the various phases of the program.

To provide for a continuum of care that reaches across all phases of the SOTP and continues out in the community after the inmate is released from TDCJ.

To establish a clear and comprehensive record system so that valid program evaluations can be conducted according to the guidelines set by the Research, Evaluation and Development Unit and the Criminal Justice Policy Council.

Program Overview

The SOPT is comprised of three treatment phases; all are based in the cognitive-behavioral treatment model. Each phase is designed to move the participants toward the mastery of appropriate skills to control behavior and increase awareness of the behavioral patterns that have lead to their deviant behavior. The three phases are:

Phase I: Evaluation and Treatment Orientation (3-6 months)

This phase of treatment consists of didactic training with emphasis on self-reflection, breaking through offense denial and accepting responsibility for deviant behavior. Each participant receives a psychological evaluation from which an individual treatment plan is developed.

Phase II: Intensive Treatment (to include a Therapeutic Community) (9-12 months)

This highly structured and intensive phase focuses on the total restructuring of deviant behaviors and thought patterns that will lead to a more pro-social lifestyle and lower risk of re-offending. The therapeutic community environment provides necessary behavior modifiers in the form of sanctions and privileges that give offenders immediate feedback about their behavior and treatment progress.

Phase III: Transition and Release Preparation (3-6 months)

Participants enter Phase III after successfully completing Phase II. Participants continue to work toward maintaining the progress made in the therapeutic community, toward appropriate application, reintegration with outside family support system, and learning the post-release responsibilities that will be expected by parole, free-world treatment providers and registration laws.

Program Eligibility

Eligibility criteria for an offender to participate in the SOTP are as follows:

Minimum or Medium Custody.

Offender must not have an active INS detainer.

Offender must not be currently enrolled in a college program.

Offender must be within 24 months of mandatory supervision or discharge date.

Supplemental Information

The SOTP in TDCJ was developed in 1989, as a pilot project, providing treatment to offenders convicted of sexual offenses against children. The program was reorganized during July 1995, to expand services to offenders with current or prior convictions for any category of sex offense that volunteered for treatment. Beginning FY 1999, the SOTP will be mandatory for all sex offenders who are within 2 years of release.

As TDCJ transitions from voluntary to mandatory treatment, it must be recognized that there will be "pockets" of incarcerated sex offenders from whom provision of the SOTP will be impossible or at least very difficult. Those categories include administrative segregation offenders, physically handicapped offenders, mentally retarded offenders, critically physically ill offenders, and those offenders that to continue to absolutely refuse treatment. In time, specialized treatment programs will be developed for these populations, as well as for female offenders.

The Programs & Services Division along

with SOTP are working to develop a sex offender tracking system to record and maintain sex offender treatment and evaluation information.

Parole Division

The Parole Division (PD) of the Texas Department of Criminal Justice is responsible for administering the state parole system. As of September, 1998, there were 76,691 offenders on active supervision. Of that number, approximately 4,800 are identified as sex offenders.

Sex offenders are supervised on one of two specialized caseloads for the duration of their supervision period. These two caseloads are the sex offender caseload and the Super-Intensive Supervision Program (SISP).

Offenders are placed on the specialized sex offender caseload when:

1) the offender has a documented conviction for any sexual offense;

2) the offender has a conviction for a non-sexual offense where an act of sexual deviancy was clearly exhibited;

3) the offender admits to participating in sexually deviant behavior;

4) the offender has had a prior supervision period revoked due to technical violation alleging criminal sexual behavior; or

5) Board of Pardons and Paroles has imposed sex offender-specific special conditions.

The Parole Division has 115 parole officers who are considered specialized sex offender officers. Approximately half of the officers supervise a full caseload of sex offenders, which is a ratio of 45:1. The other officers are considered partial caseload officers whose caseloads are a mixture of sex offenders and other types of offenders. Particularly in rural areas partial specialized caseload officers will supervise sex offenders, burglars, drug offenders, etc.

Any officer who supervises sex offenders (regardless of caseload size) receives at least 40 hours of yearly training on sex offender issues. This training incorporates the use of nationally and locally known experts, as well as in-service training by PD staff. Topics covered include therapeutic and supervision issues.

Sex offenders are supervised at an intensive level, which requires a minimum of three face to face contacts per month with the parole officer. One of these contacts is an unscheduled visit at the offender's home. Officers have monthly contact with the sex offender's therapist if counseling is a condition of release.

The Board of Pardons and Paroles (BPP) is the entity that sets the supervision conditions with which offenders must comply and parole officers must enforce. When parole officers identify supervision conditions that would address offenders' offense cycles (such as restricting contact with children), the parole officer has the opportunity to present the BPP with requests to impose those identified supervision conditions at any time during the offenders' supervision period.

Texas Department of Public Safety

With the passage of Senate Bill 875 by the 75th Texas Legislature, Texas began experiencing a number of new challenges with the registration of sex offenders. Beginning on September 1, 1997, this newly enacted legislation became a retroactive requirement for anyone who was either incarcerated or was under community supervision for any reportable offense dispositioned on or after September 1, 1970. As of October 1, 1998, the Texas sex offender registration database contained approximately 15,000 registration entries on both adult and juveniles who have a requirement for registration. On this same date, the database had a combined total of approximately 23,000 entries, which included registrations, notifications, updates and verification records. Of the approximately 15,000 registered sex offenders in the file, there are approximately 1,100 juvenile offenders.

The majority of the legislative changes that did affect the registration program during the 75th Session were the result of a combined working group that met in Huntsville in December 1996. This working group was comprised of a number of Interagency Advisory Committee members, members of community corrections agencies (probation and parole) and members of law enforcement agencies throughout the state.

As we are preparing for the 76th Session, this same working group, along with several additions, recently met again in Huntsville and are preparing to submit some additional requirements to the Legislature for consideration. Some of the issues discussed included:

1) Tier Risk Assessments for Community Notification;

2) Adding additional offenses to be included for registration requirements, i.e., preparatory offenses; homicide, wherein sexual assault or sexual abuse occurred; false imprisonment or kidnaping of a minor (non-parental);

3) Adding an exemption statement for offenders (adult and juvenile) who have a 10 year post discharge requirement for registration;

4) Restructuring the current exemption requirement for offenders who are required to register for life; and,

5) Requesting funding for expanding the registration and community notification requirements, as well as funding for electronic reporting, monitoring and tracking systems for community supervision and law enforcement agencies.

Texas Department of Protective And Regulatory Services

The mission of the Texas Department of Protective and Regulatory Services (TDPRS) is to protect the physical safety and emotional well-being of the most vulnerable citizens of Texas. The agency is committed to reducing the risk and alleviating the effects of abuse, neglect, and exploitation of children and people who are elderly or have disabilities. Adult Protective Services, Child Care Licensing, and Protective Services for Families and Children, are the three major programs in the agency.

As part of TDPRS, Protective Services for Families and Children's goals include protecting children from abuse and neglect, helping families become safe for all family members and providing a permanent place to live for children who cannot safely remain with their own families. To meet these objectives the program provides a number of services: intake and investigation of reports of child abuse and neglect, services to families and children in their homes, placement of children in substitute care, development and maintenance of foster homes, and adoption services.

Child abuse and neglect as defined in the Texas Family Code applies to children younger than 18 who were not married or have not had the disabilities of minority removed by court. The legal definition of abuse include emotional abuse, physical abuse and sexual abuse. The legal definition of neglect includes abandonment, neglectful supervision, medical neglect, physical neglect, and refusal to accept parental responsibility.

The program accepts reports of child abuse and neglect or the risk of child abuse or neglect occurring in families and households, as well as in schools and juvenile detention facilities. Other PRS staff are responsible for investigation reports in child care facilities and public and private residential institutions and facilities.

Confirmed Victims of Child Abuse / Neglect by Type of Abuse and Neglect

Region	Physical Abuse	Sexual Abuse	Emotional Abuse	Abandon-ment	Medical Neglect	Physical Neglect	Neglectful Supervision	Refusal to Accept Parental Responsibility	Unduplicated Confirmed Victims
Lubbock	454	212	108	47	75	345	633	26	1,599
Abilene	327	214	69	19	56	223	458	14	1,176
Arlington	2,282	1,517	514	246	325	1,170	3,150	137	8,035
Tyler	428	191	64	14	81	218	634	49	1,407
Beaumont	285	205	70	14	83	214	640	22	1,326
Houston	2,433	1,159	239	212	310	953	2,485	166	7,045
Austin	1,361	783	201	59	201	401	2,127	119	4,528
San Antonio	1,298	627	211	84	223	400	1,667	62	3,885
Midland	232	133	95	29	31	225	449	32	1,090
El Paso	294	128	85	23	43	162	413	29	1,041
Edinburg	825	356	115	22	153	513	1,235	41	2,821
Other	2	2	0	0	1	2	4	0	8
Total	10,221	5,527	1,771	769	1,582	4,826	13,895	697	33,961